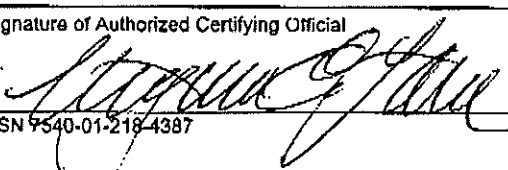


FINANCIAL STATUS REPORT*(Short Form)**(Follow instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 101 Help America Vote Act		OMB Approval No. 0348-0038	Page of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) State of Delaware, Commissioner of Elections, 32 W. Lookerman Street M101, Dover DE 19904					
4. Employer Identification Number [REDACTED]		5. Recipient Account Number or Identifying Number [REDACTED]		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 5/9/2003		To: (Month, Day, Year) 3/9/2003		9. Period Covered by this Report From: (Month, Day, Year) 3/9/2003	
				To: (Month, Day, Year) 12/31/2003	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		0.00	10,993.52	10,993.52	
b. Recipient share of outlays			0.00	0.00	
c. Federal share of outlays			10,993.52	10,993.52	
d. Total unliquidated obligations				75,275.70	
e. Recipient share of unliquidated obligations				0.00	
f. Federal share of unliquidated obligations				75,275.70	
g. Total Federal share (Sum of lines c and f)				86,269.22	
h. Total Federal funds authorized for this funding period				5,000,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)				4,913,730.78	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate 0	c. Base 0	d. Total Amount 0.00	e. Federal Share 0.00	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Virginia E. Lane, Support Services Administrator			Telephone (Area code, number and extension) 302-739-4277		
Signature of Authorized Certifying Official 			Date Report Submitted January 21, 2004		